

My 31 years in the Navy convinced me that national security begins at home, with the health, economic, education, and environmental/energy security of our citizens; these four security pillars, along with defense security, provide for our country's overall national security.} — {With over 46 million uninsured and 16 million underinsured – with many more losing their health plans as the ongoing economic crisis hemorrhages jobs and health care coverage – individuals and businesses all agree: our health care system is in desperate need of reform.

I believe that an affordable, accessible, and high-quality care health system must be a shared responsibility among individuals, business, and government. The best approach for this is a system in which competition and transparency of high standards ultimately discipline costs while ensuring quality care. We help ensure the best care by rewarding caregivers for the quality – not the quantity – of care, encouraging competition, and requiring performance standards that lead us toward a system of preventive care, early diagnosis and continuous management of the treatment of chronic conditions.

With these priorities in mind, I have proposed eight steps to reform the health care system: we must shift away from primarily “fee-for-service programs” and toward preventive care; pay providers adequately; give patients the same health choices as Members of Congress; share the costs among individuals, employers, and government; expand transitional health tax credits; ensure the institution of mental health parity; improve performance in treating chronic disease; and increase the use of health information technology.

To bring these steps together in one comprehensive approach, the recently enacted Massachusetts health care plan – a bipartisan effort between a Republican governor and a Democratic legislature – has begun to provide coverage for all. The plan is undoubtedly imperfect, but it has elements that we can use to move us toward affordable, high quality health care for all Americans. First, it mandates that all workers participate in health coverage. Mandating participation ensures that the healthy as well as the less healthy are in the health care coverage pool. This will drive down the cost of premiums, distributing individuals with health risks among the entire population. Second, this plan allows small businesses to band together as large bargaining units to negotiate lower premiums from private insurers who are then forced to compete for their business, driving down costs.

These key elements of the Massachusetts plan permit us to also address three needed components of a reformed health care system: increasing accessibility to preventive care, ensuring quality by eliminating preventable errors in treatment, and reducing costs by utilizing

technology to its fullest potential.

First, preventive care improves health and decreases long-term costs. Discovering a disease at a stage at which it is more easily treatable reduces expensive, emergency procedures and allows patients to remain productive members of society. That is why I supported legislation like the CHAMP Act in Medicare, which provides free screening tests for glaucoma, initial preventive physical exams, prostate and colorectal cancer, mammograms and diabetes screening, and others. The savings from “discovering” these diseases early – and preventing their becoming acute – are immense. That is why mandating everyone is in some health care plan – where they can get preventative care – is vital to an affordable health care system.

Also, despite the increase of workers’ health premiums in recent years – at a rate three times greater than their wages – and an increase in their deductibles by 20 percent each year, patients receive the recommended care from their doctors only 55 percent of the time, according a study by the nonpartisan RAND Corporation that was published in the New England Journal of Medicine. As only one example, infections transmitted to patients because of inadequate adherence to clean sanitation and patient safety procedures contribute to more than \$50 billion in annual medical costs. To this particular end, we must mandate public reporting of health care-associated infections data by hospitals and ambulatory surgical centers. This will provide an incentive for hospitals to evaluate their choices and promote accountability by requiring data reporting and providing financial incentives. And much more needs to – and can – be done in the whole of medicine, by “payments” that incentivize preventive medicine, and not just “fee-for-service” whenever a patient shows up for much more expensive acute care.

Third, effectively utilizing innovative technology can hugely reduce costs. One such example is the use of Health Information Technology (HIT). A separate RAND Corporation study found that the use of HIT, instead of paper, to protect, retrieve, and transfer clinical, administrative, and financial information electronically could save our health care system over \$160 billion each year and would dramatically improve quality and efficiency. Toward this goal, I recently voted to provide a \$20 billion investment in HIT to accelerate adoption by physicians and hospitals.

The ongoing economic crisis demands our immediate and uninterrupted focus to ensure the vital economic security of all Americans. However, health care reform must also be a component of our long-term plan to rebuild the economy, as one of the largest sources of the country’s fiscal shortfall is driven by increasing health care costs and lost productivity by a less healthy workforce.